PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								ORD 10/786/89					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5			•		RATE	FEE	_	RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	EE 385.0	0 OF	BASIC FEE	+	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•	0		X\$ 9=		OF	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	1400		
ML	JLTIPLE DEPE	NDENT CLAIM F	RESENT			-		+145=	1			-	
* 11	the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2	İ	TOTAL		OR OR	ــــــــــــــــــــــــــــــــــــــ	770	
11	/ ₁ / C			<u> </u>		OTHER	THAN						
l/l	12/06	(Column 1)				(Column 3)	SMALL ENTITY		OR	SMALL			
AMENDMENT A	Í	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
NON	Total ·	. 5	Minus	0	XO	=		X\$ 9=	1	OR	X\$18=-		
AME	Independent	<u> • / </u>	Minus	2	<u></u>	1=		X43=		OR	X86=		
- 1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	7	+290=		
					•		Ĺ	TOTAL	-	OR	TOTAL		
		(Column 1)		(Colum	ın 3)	(Column 2)	A	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	L	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHE NUMB PREVIO	ST ER USLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		s		X\$ 9=		OR	X\$18=		
7	Independent	* NTATION OF ML	Minus	###	CI A124		I	X43=		OR	X86=		
_	INSTERESE	ITATION OF MU	LITTLE DEF	ENDENT	CLAIM		I	+145=		OR	+290=		
							ا	TOTAL		ا ۱	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)				- '			
פוו		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .	ſ	X\$ 9=		OR	X\$18=		
5 L	Independent	*	Minus	***		=		X43=	·	1	X86=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-			OR			
· If	the entry in colum	nn 1 is less than the	entry in colur	nn 2. write T	o° in coh	ımn 3.	L	+145=		OR	+290=		
H	the "Highest Nun the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS	SPACE is I	ess than	20, enter "20."		TOTAL DIT. FEE in the ap	propriate bo		TOTAL DDIT. FEEL JMN 1.		